

My name is Katherine Upson, I live at 210 Southwest Rd, Waterbury, CT 06708

I am writing to voice my ***opposition*** to HB 6645, **An Act Concerning Aid In Dying For Terminally Ill Patients.**

I am an RN with 30 plus years working in hospitals and in the community in Connecticut. I worked many years in critical care and also worked several years in psychiatric nursing, both inpatient and community. I have also survived two separate bouts of cancer, with major surgeries and chemotherapy. And we recently buried our mother at the age of 95, so I speak from a wealth of personal experience.

First, regarding the pain and discomfort of illness. In the early years of my nursing career, there was such a thing as intractable vomiting associated with chemotherapy. There are now many medications of increasing potency, which do effectively relieve nausea and vomiting.

Second, treatment of pain has become much more effective than it used to be. Medical professionals have become much more astute at recognizing the patients' subjective experience of pain and discomfort, and increasing the efficacy of medications and other modalities to treat it.

Third, depression often occurs when a person goes through serious illness and treatment. I have experienced that myself. There are many very effective medications for the treatment of depression. If assisted suicide becomes the norm, many people will not seek treatment for their depression, but will end their life instead. And keep in mind that many people defy the odds and make a full recovery.

Death and dying are a normal part of the human condition. We should be compassionately bringing care and comfort to people going through this stage of life, not assisting them to end their life prematurely.

The more years I worked as a nurse, the more humbled I felt.

That is because there were too many times that I saw patients who we thought didn't have a prayer of surviving, who made a full recovery. Conversely, there were other patients who seemingly had an illness or injury that was relatively minor who were overcome by the illness and died. My point in saying this is that there are some aspects of human life that we need to steer clear of, such as cutting short human life by sanctioning suicide for any reason.

Finally, having taken care of many patients with depression, having dealt with it in the family, and having experienced it myself, I believe that the worst thing we can do is make suicide a socially acceptable option. A person who already feels worthless because of their depression will be much more likely to turn to suicide, especially if it becomes medically available.

Thank you for considering my testimony